Fill in this informatio	on to identify your case:			Vision Civil	STRICT CONTRACT
Debtor 1 Johr	·	Dennis		TO DE GEN	me 2. lili
First Name Debtor 2	Middle Name	Lest Name		2019 MAY -7	bu 5. 44
(Spouse, if filing) First Name	Middle Name	Last Name	I (- MREGINA	CI
10.54	y Court for the:Northern Distric 879-Ire	ct of Georgia		In hard	Shall Chapte if this is an
Case number 19-54 (If known)				(act is	Check if this is an amended filing
Official Form	106C				4
Schedule	C: The Prop	erty You	Claim as	Exempt	04/19
Using the property you	curate as possible. If two mar listed on <i>Schedule A/B: Prop</i> t and attach to this page as n Imber (if known).	perty (Official Form 106A	√B) as your source, lis	t the property that y	ou claim as exempt. If more
specific dollar amoun of any applicable stat retirement funds—ma limits the exemption t		you may claim the full ons—such as those for count. However, if you ont and the value of the	fair market value of health aids, rights to claim an exemption o	the property being o receive certain be of 100% of fair mar	ket value under a law that
Part 1: Identify	the Property You Claim	as Exempt			
1 Which set of ever	mptions are you claiming?	Check one only even if	vour snouse is filing w	vith vou	_
You are claimi	ng state and federal nonbani	kruptcy exemptions. 11	• •	M// N	1F
You are claimi	ng federal exemptions. 11 U	l.S.C. § 522(b)(2)		1000	
2. For any property	you list on <i>Schedule A/B</i> th	hat you claim as exem _l	pt, fill in the informat	ion below.	
B. 64. 14			A		0
	of the property and line on it lists this property	Current value of the portion you own	Amount of the exem	ption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box f	or each exemption.	
Brief		œ	□ \$		
description: – Line from		Φ	100% of fair mai	– rket value, up to	
Schedule A/B: _			any applicable s	tatutory limit	
Brief		\$	□ s		
description: ~ Line from			☐ 100% of fair mai		
Schedule A/B:			any applicable s	tatutory limit	
Brief description: -		\$	□ \$	_	
Line from Schedule A/B: _			100% of fair man any applicable s		
2 Are you alsiming	a homostand everytion o	f mara than \$470 2502			
-	a homestead exemption of nent on 4/01/22 and every 3		s filed on or after the c	date of adjustment.)	en e
□ No	•	-		- · · · · · · · · · · · · · · · · · · ·	No. of the state o
_	cquire the property covered	by the exemption within	1,215 days before you	u filed this case?	
☐ No☐ Yes					
☐ Yes					

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Debtor 1

John

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Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description: Line from Schedule A/B;	\$	\$ 100% of fair market value, up to any applicable statutory limit	· · · · ·
Brief description: Line from Schedule A/B:	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 00% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	

	3			
Fill in this information to identify your case	e:			
Debtor 1 John	Dennis			-
First Name Middle Na	me Last Name			
Debtor 2 (Spouse, if filling) First Name Middle Ne	me Last Name			
United States Bankruptcy Court for the: Northern D	District of Georgia			
Case number 19-54879 Irc				
(if known)			☐ Check i	
			amende	a ming
Official Form 106D				
	. Who Hove Claims Seeve	ad by Dra		40145
Schedule D: Creditors	S Who Have Claims Secure	a by Pro	perty	12/15
information. If more space is needed, copy additional pages, write your name and cas 1. Do any creditors have claims secured by		and attach it to this	form. On the top of	any
Part 1: List All Secured Claims				
List all secured claims. If a creditor has m for each claim. If more than one creditor has	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Wells Fargo Mortgage	Describe the property that secures the claim:	\$ 435,000		\$
Creditor's Name P O Box 10335	Single family residence]		
Number Street]		
	As of the date you file, the claim is: Check all that apply.			
Des Moines IA 50306	☐ Contingent ☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☑ Debtor 1 only	An agreement you made (such as mortgage or secured)			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit			
	Other (including a right to offset)	_		
Check if this claim relates to a community debt				•
Date debt was incurred	Last 4 digits of account number			And the state of t
PNC PNC	Describe the property that secures the claim:	\$ G100	\$	\$
Creditor's Name P O Box 747066	2014 Ford Fusion]		
Number Street				
	As of the date you file, the claim is: Check all that apply.			
Pittsburgh PA 15274	Contingent			
Pittsburgh PA 15274 City State ZIP Code	☐ Unliquidated☐ Disputed☐			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit Other (Including a right to offset)			
☐ Check if this claim relates to a	— Outer (molutarity a right to offset)	_		
community debt Date debt was incurred	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

Debtor 1

John Dennis
First Name Middle Name Last Name

Case number (if known) 19-54879 Irc

Part 1: Additional Page After listing any entries on this p by 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		1	· ·	·
Number Street				
City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name]		
Number Street	As of the date you file, the claim is: Check all that apply.	1		
	Contingent			
	☐ Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	<u> </u>			
Debtor 2 only	 An agreement you made (such as mortgage or secured car loan) 			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	_		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$. \$	\$
Greater & Harris				
Number Street				
	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number		٦	
Add the dollar value of your entries	s in Column A on this page. Write that number here:	s		
If this is the last page of your form,	add the dollar value totals from all pages.	\$		

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Dennis

Part 2: List Others to Be Notified for a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? Name Last 4 digits of account number ____ Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? _ Name Last 4 digits of account number Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number Number Street City State ZIP Code On which line in Part 1 did you enter the creditor? ___ Name Last 4 digits of account number _ Number Street City State ZIP Code

John

Debtor 1

Fill in	this information to identify your case:							
Debtor	₁ John	Dennis						
	First Name Middle Name	Last Name						
Debtor (Spouse	e, if filling) First Name Middle Name	Last Name						
United	States Bankruptcy Court for the: Northern District	of Georgia	\Box				Па	
Case n (If know	number 19-54879-Irc							ck if this is an nded filing
	ial Form 106E/F							
Sch	edule E/F: Creditors V	Vho Have	Unsecur	ed (Clain	ns		12/15
List the A/B: Pro creditor needed	complete and accurate as possible. Use Paris other party to any executory contracts or upperty (Official Form 106A/B) and on Schedus with partially secured claims that are list, copy the Part you need, fill it out, number ditional pages, write your name and case nuter List All of Your PRIORITY Unsecur	inexpired leases the lule G: Executory Co ed in Schedule D: C the entries in the bo imber (if known).	at could result in ontracts and Une creditors Who Ha	a claim expired ve Claii	ı. Also li Leases (ns Secui	st executory co Official Form 10 red by Property	entracts on S D6G). Do not . If more spa	Schedule include any ice is
	any creditors have priority unsecured claim	s against you?	"					
	res.							
each non unse	t all of your priority unsecured claims. If a c h claim listed, identify what type of claim it is. If priority amounts. As much as possible, list the ecured claims, fill out the Continuation Page of	a claim has both pric claims in alphabetica Part 1. If more than	ority and nonpriori Il order according one creditor holds	ty amou to the ci a partic	nts, list th editor's r cular clain	nat claim here an name. If you have	id show both e more than t	priority and wo priority
(For	r an explanation of each type of claim, see the	instructions for this fo	orm in the instructi	on book	let.)	Total claim	Priority amount	Nonpriority amount
2.1	IS BANK	Last 4 digits of ac	ecount number 7	7 9	9 6	\$	\$	\$ <u>11.581.37</u>
	ority Creditor's Name					*		
	mber Street	When was the del	ot incurred r					
	O Box 790084	As of the date you	u file, the claim is:	Check a	ll that appl	y.		
Cit	t. Louis MO 63179 v State ZIP Code	Contingent						
	ho incurred the debt? Check one.	Unliquidated						
,	Debtor 1 only	Disputed						
	Debtor 2 only	Type of PRIORIT	Y unsecured cla	im:				
	•	Domestic suppo	ort obligations					
	At least one of the debtors and another	Taxes and certa	-	we the g	overnment	:		
	Check if this claim is for a community debt	Claims for death	h or personal injury v	vhile you	were			
ls	the claim subject to offset?	intoxicated						
	No	Other. Specify_				_		
VA21169.22	Yes	THE RESERVE OF THE PROPERTY OF	Charles and the Charles and th	1000/PT-2017-2017-2017-2017-2017-2017-2017-2017			NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	A THE CHECK CHICK CHICK CHICKORY
	legions Bank ority Creditor's Name	Last 4 digits of ac	count number _(<u> </u>	6 3	\$	\$	_{\$} 11,827.02
PR	only Creditor's Name	When was the del	bt incurred?					
Nu	mber Street							
3	700 Corporate Drive	As of the date you	u file, the claim is:	Check a	II that appl	y.		
	olumbus OH 43231	ContingentUnliquidated						
City	•	Disputed						
	ho incurred the debt? Check one. Debtor 1 only	- Diaharea						
1	Debtor 1 only	Type of PRIORIT		im:				
	Debtor 1 and Debtor 2 only	Domestic suppo						
	At least one of the debtors and another	Taxes and certa	•			t		
	Check if this claim is for a community debt	Claims for deati intoxicated	h or personal injury v	vhile you	were			
İs	the claim subject to offset?	Other. Specify				_		
	No I Yes					_		

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				Docum	ient Page <i>i</i>	OT 24			
Fil	l in this in	formation to identify	your case:						
		John		D	ennis				
De	btor 1	First Name	Middle Name		l Name				
	btor 2 ouse, if filing)	First Name	Middle Name		l Name				•
Un	ited States I	Bankruptcy Court for the:	Northern District	of Georgia				□ Cho	ck if this is an
	se number	19-54879-lrc							nded filing
(II	known)				 				g
Of	ficial F	Form 106E/F							
						d Olai			
20	cneal	ule E/F: Cre	editors v	vno ma	ve Unseci	irea Clain	ns ———		12/15
List A/B cred need any	the other : Property ditors with ded, copy additiona	te and accurate as portion of the party to any executor (Official Form 106A) a partially secured clatch the Part you need, fill pages, write your nast All of Your PRIO	ry contracts or u 3) and on <i>Sched</i> ims that are list Il it out, number ame and case nu	inexpired lea fule G: Execu ed in Schedu the entries in imber (if kno	ises that could resul atory Contracts and deleters Who in the boxes on the le	t in a claim. Also li Unexpired Leases (Have Claims Secur	st executory co Official Form 1 red by Property	ontracts on S 06G). Do not v. If more spa	Schedule : include any ice is
		<u>-</u>							
		editors have priority t	ınsecured claim	s against yo	u?				
	Ŭ No. Go ☑ Yes.	to Part 2.							
		your priority unsecu	red claims. If a c	reditor has mo	ore than one priority u	nsecured claim, list t	he creditor sepa	rately for eac	h claim. For
(each claim nonpriority	listed, identify what ty amounts. As much as claims, fill out the Con	pe of claim it is. If possible, list the	fa claim has t claims in alph	ooth priority and nonpo abetical order accordi	iority amounts, list th ng to the creditor's n	nat claim here an name. If you hav	nd show both e more than t	priority and wo priority
	(For an ex	planation of each type	of claim, see the	instructions fo	or this form in the instr	uction booklet.)	- 304 (3.4 kilosova 1.15. kilosova 33	mase in a factor	onem no en meno e un elemente en
							Total claim	Priority amount	Nonpriority amount
2.1		_					este un estado estado de la completa	s sa a guirea anna s a	
	Wells F	-argo ditor's Name		Last 4 digi	ts of account number		\$	_ \$	\$ <u>25,943.17</u>
!		OX 29482		When was	the debt incurred?	04/26/2019			
	Number	Street							
	Phoeni	ix Az	Z 85038	_	late you file, the claim	is: Check all that apply	y.		
!	City	State		Conting					
	Who incu	urred the debt? Check o	ne.	Unliquid					
	Debtor			☐ Dispute	ea .				
	Debtor			Type of P	RIORITY unsecured	claim:			
		r 1 and Debtor 2 only		Domes	tic support obligations				
		st one of the debtors and a		Taxes a	and certain other debts ye	ou owe the government			
	☐ Chec	k if this claim is for a c	ommunity debt		for death or personal inju	ıry whìle you were			
		ilm subject to offset?		intoxica	specify 9115				
	☐ No ☐ Yes			U Other.	Specify OTTO		_		
2.2	Symples Contract and the	can EXpress	areau again playanous a ma seu salegadas a sur		its of account number	5 0 0 8			_{\$} 3,211.88
	Priority Cred	ditor's Name				04/26/2019	\$	_ \$	<u>\$_0,211.00</u>
		ox 6985		when was	the debt incurred?	04/20/2013			
	Number	Street		As of the o	date you file, the claim	is: Check all that appl	y.		
	Des Mo	oines IA	50306	Conting	jent				
	City	State		Unliqui	dated				
	Who Inc.	urred the debt? Check o	ne.	Dispute	ed				
	Debto	•		Type of P	RIORITY unsecured	claim:			
	Debtor	•		- 4	tic support obligations				
		r 1 and Debtor 2 only			and certain other debts ye	ou owe the government			
		st one of the debtors and a			for death or personal inju	-			
	☐ Chec	k if this claim is for a c	ommunity debt	intoxica	ated	• • •			
	☐ No	nim subject to offset?		Other.	Specify		-		
	Yes								

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Debtor 1

John First Name

Middle Name

Last Name

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listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim		onpriority nount
American Express	Last 4 digits of account number 4 0 0 5	\$	\$ \$	3,522.6
Priority Creditor's Name	When was the debt incurred? 04/26/2019		,	
Number Street P O Box 6985	As of the date you file, the claim is: Check all that apply.			
Buffalo NY 14240	☑ Contingent			
City State ZIP Code	☐ Unliquidated ☐ Disputed			
Who incurred the debt? Check one. Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify			
Is the claim subject to offset?	, ,			
□ No □ Yes	anna debat 1300 de septimbre a como constituir con constituir de constit	ers resecues participal de la compansamento	AND	
Wells Fargo Priority Creditor's Name	Last 4 digits of account number 0 4 6 6	\$	\$\$ <u>1</u>	3,464.2
5555 Glenridge connector Number Street	When was the debt incurred? 04/26/2019			
	As of the date you file, the claim is: Check all that apply.			
Atlanta GA 30342	☑ Contingent			
City State ZIP Code	☐ Unliquidated			
NATIonal Communication of the school of the	☐ Disputed			
Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:			
■ Debtor 1 only □ Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government			
☐ At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	Intoxicated Other. Specify			
Is the claim subject to offset?				
□ No				
☐ Yes Citi-Bank	8 3 5 8	\$	\$ \$	5,279.1
Priority Creditor's Name	Last 4 digits of account number 8 3 5 8	Ψ	· ·	
P O box 52815 Number Street	When was the debt incurred? 04/26/2019			
	As of the date you file, the claim is: Check all that apply.			
Atlanta GA 30355	☑ Contingent			
City State ZIP Code	☐ Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	 ☑ Domestic support obligations ☑ Taxes and certain other debts you owe the government 			
At least one of the debtors and another	Claims for death or personal injury while you were			
☐ Check if this claim is for a community debt	intoxicated Other. Specify	TOTAL SOCIETY OF SOCIETY OF SOCIETY	nyou saku a handakali washniga pakkanawaakan man	
Is the claim subject to offset?				
™ No				
☐ Yes				

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Debtor 1

John First Name

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Par	List All of Your NONPRIOR	IIIY Uns	ecured Claims			
3. 1	Do any creditors have nonpriority uns	secured cl	alms against you	17		
	\square No. You have nothing to report in thi					
	Yes	•				
ı İ	connriority unsecured claim, list the cred	litor separa litor holds a	stely for each claim	order of the creditor who holds each claim. If a creditor has n. For each claim listed, identify what type of claim it is. Do not list the other creditors in Part 3.If you have more than three no	t list cla	ims already
					Tota	al claim
1	Citi-Bank			Last 4 digits of account number 5 6 2 1		40 207 04
	Nonpriority Creditor's Name	***		04/06/0040	\$	12,397.04
	P O Box 52815			When was the debt incurred? <u>U4/20/2019</u>		
	Number Street	C 4	20255			
	Atlanta City	GA State	30355 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	J.,			☑ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commun	nity debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt	s	
	☐ No			Other. Specify		
	☐ Yes					
2	Citi-Bank			Last 4 digits of account number 2 1 7 5	\$	7,564.22
	Nonpriority Creditor's Name	· · · · · · · · · · · · · · · · · · ·		When was the debt incurred? $04/26/2019$		
	P O Box 52815					
	Number Street		J.= F-	A of the date you file the claim in Check all that apply		
	Atlanta	GA State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
	Debtor 1 only			a Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	Check if this plaim is fer a commu	nitu dobt		Obligations arising out of a separation agreement or divorce		
	Check if this claim is for a commun	ility debt		that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt	s	
	Is the claim subject to offset? ☐ No			Other. Specify	_	
	Yes					
.3	CONTRACTOR OF THE PROPERTY OF					ang georgeographic (calebra)
-	Bank of America Nonpriority Creditor's Name			Last 4 digits of account number 4 5 7 9 When was the debt incurred? 04/26/2019	\$	5,764.34
	1315 Westbrook Plaza			When was the debt incurred? 04/26/2019		
	Number Street		0=100	·		
	Winston-Salem	NC State	27103 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	Siale	ZIF COUP	☑ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only Debtor 1 and Debtor 2 only			Time of NONDDIODITY and a lating		
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:		
	Check if this claim is for a commu	nity dobt		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
		y uebt		that you did not report as priority claims		
	Is the claim subject to offset? ☐ No			Debts to pension or profit-sharing plans, and other similar debt	.s	
	Yes			Other. Specify	-	
	_ · - ·					

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Debtor 1

John First Name

Middle Name Last Name Case number (if known) 19-54879-Irc

Part 2: Your NONPRIORITY Unsecured Claims — Continuation	Page
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r listing any entries on this page	, number the	m beginning with	1 4.4, followed by 4.5, and so forth.	Total clain
US Bank			Last 4 digits of account number 9 5 2 0	_{\$_4,853.8}
Nonpriority Creditor's Name P O box 390900		<u> </u>	When was the debt incurred? 04/26/2019	
Number Street Minneapolis	MN	55439	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	──	
Who incurred the debt? Check one).		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			Student loans	
At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a cor	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
☐ No ☐ Yes				
US BANK			Last 4 digits of account number 2 9 0 8	<u>\$ 17,101</u>
Nonpriority Creditor's Name			When was the debt incurred? 04/26/2019	
PO BOX 722929			_	
Number Street HOUSTON	TX	77272	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check one			Unliquidated	
Debtor 1 only	.		☐ Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and an	other		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a con	mmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
□ No □ Yes				
US BANK	arando albanicale de est	STEP COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COLOR COL	Last 4 digits of account number 3 5 3 7	_{\$} 3,841
Nonpriority Creditor's Name				
P O BOX 4043				
Number Street Concord	CA	94524	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check on	е.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and ar	nother		Obligations arising out of a separation agreement or divorce that	
lacksquare Check if this claim is for a co	mmunity debt	•	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify	
☐ No				
Yes				

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John First Name

Debtor 1

Middle Name

Last Name

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Par	11: Your PRIORITY Unsecured Claim	s — Continuation Page		
Afte	r listing any entries on this page, number the	m beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority Nonpriority amount amount
	BB& T Priority Creditor's Name	Last 4 digits of account number 4 9 8 9	\$:	\$\$_3,574.66
	Priority Creditor's Name	When was the debt incurred?		
	Number Street	Wileli Was tile dest illouited i		
	PO BOX 320006	As of the date you file, the claim is: Check all that apply.		
	Birmingham AL 35222 City State ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	Debtor 1 only	Type of PRIORITY unsecured claim:		
	Debtor 2 only	☐ Domestic support obligations		
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government		
	At least one of the debtors and another	☐ Claims for death or personal injury while you were		
	☐ Check if this claim is for a community debt	intoxicated Other. Specify		
	Is the claim subject to offset?			
	☐ No			
	Yes			roverneta zazanima mona planeta (na Pripi do Agistro de Tale, generalmente establica de Talendo Comercia (na I
	First Bankcard Priority Creditor's Name	Last 4 digits of account number 4 0 5 9	\$	\$\$ <u>4,288.26</u>
	POBOX 3331	When was the debt incurred?		
	Number Street			
		_ As of the date you file, the claim is: Check all that apply.		
	Omaha NE 68103	✓ Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	Debtor 1 only	Type of PRIORITY unsecured claim:		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 		
	At least one of the debtors and another	Claims for death or personal injury while you were		
	☐ Check if this claim is for a community debt	intoxicated Other. Specify		
	Is the claim subject to offset?			
	□ No			
	Yes			
	Synchrony Bank Priority Creditor's Name	Last 4 digits of account number 2 2 7 0	\$	\$\$ <u>1,293.07</u>
	Priority Creator's Name	When was the debt incurred?		
	Number Street			
	3260 tillman Drive suite 75	As of the date you file, the claim is: Check all that apply.		
	Bensalem PA 19020	☑ Contingent		
	City State ZIP Code	Unliquidated		
	Who incurred the debt? Check one.	☐ Disputed		
	Debtor 1 only	Type of PRIORITY unsecured claim:		
	Debtor 2 only			
	Debtor 1 and Debtor 2 only	Domestic support obligations Taxes and certain other debts you owe the government		
	At least one of the debtors and another	Claims for death or personal injury while you were		
	Check if this claim is for a community debt	intoxicated Other. Specify	end to children and the second second second second second second second second second second second second se	der welt in der vertreit vertreiten der kommende der vertreiten der vertreiten der vertreiten der vertreiten d
	Is the claim subject to offset?			
	☐ No			
	☐ Yes			

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Debtor 1

John First Name

Middle Name

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List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? Mo. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim Last 4 digits of account number 0 7 0 5 Synchrony Bank 9,837.26 Nonpriority Creditor's Name When was the debt incurred? P O BOX 965004 Number Orlando FL 32896 As of the date you file, the claim is: Check all that apply. State ZIP Code ☑ Contingent Who incurred the debt? Check one. Unliquidated Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you dld not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? ☐ No Yes 7,238.58 Last 4 digits of account number 7 2 6 9 Synchrony Bank When was the debt incurred? Nonpriority Creditor's Name 7269 Number As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ■ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify ☐ No ☐ Yes Last 4 digits of account number 6 5 6 8 **Suntrust Bank** 924.62 Nonpriority Creditor's Name When was the debt incurred? P O BOX 1259 Number Oaks PA 19456 As of the date you file, the claim is: Check all that apply. ZIP Code State Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ☐ No Other. Specify_ Yes

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Dennis

John

, 19-54879-Irc

Debtor 1 Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim Last 4 digits of account number 3 7 3 4 s 4,189.10 Suntrust Bank Nonpriority Creditor's Name When was the debt incurred? P O Box 923747 Number Street As of the date you file, the claim is: Check all that apply. 30010 GA Peachtree Corners ZIP Code State ☑ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify_ ☐ No ☐ Yes Last 4 digits of account number 5 2 7 3 \$ 7,658.25 Discover Nonpriority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. State ZIP Code ■ Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify ☐ No Yes \$ 2,318.25 Last 4 digits of account number 4 5 2 2 Citi-Bank HomeDepot Nonpriority Creditor's Name When was the debt incurred?

26000	Cannon Rd		
Number	Street		
Clevelar	nd	ОН	44146
City		State	ZIP Code
Who incur	red the debt? Check one.		
Debtor	1 only		
Debtor :	2 only		
Di norte de	4 and Daliton Combi		

Ø	Debtor 1 only
	Debtor 2 only
	Debtor 1 and Debtor 2 only
	At least one of the debtors and another
	Check if this claim is for a community debt
ls f	he claim subject to offset?

		
s of the	date you file, the claim is: Check all that apply.	
Conting Unliqui Dispute	dated	
ype of N	ONPRIORITY unsecured claim:	

ıy	be of NONPRIORITY unsecured claim:
	Student loans
	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	Debts to pension or profit-sharing plans, and other similar debts
	Other Specify

167,673.80

☐ No

Yes

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John

Dennis

Part 4:

First Name Middle Name

Last Name

Case number (if known) 19-54879-Irc

Debtor 1

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 167.673_82 6b. \$ 175,400.01
	6b. Taxes and certain other debts you owe the government	6b. <u>\$ 175,400,0</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$
	6e. Total. Add lines 6a through 6d.	6e. s_175,601,6
		Total claim
Total claims	6f. Student loans	6f. \$
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _{\$}
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$

6j. Total. Add lines 6f through 6i.

Fill	in this in	formation to	identify your case:				
		John		Denn	is		
Deb	tor	First Name	Middle Name	Last Nan		-	
	otor 2 ouse If filing)	First Name	Middle Name	Last Nan		-	
Unit	ted States	Bankruptcy Cour	t for the: Northern Distric	t of Georgia	F		
}	e number	19-54879-		J		1	_
	nown)						Check if this is an amended filing
							J
Off	icial F	Form 106	3G				
Sc	hedi	ule G: F	 Executory (Contracts	and U	nexpired Leases	12/15
infor addit 1.	mation. I tional pay Do you h M No. C Yes. I	If more space ges, write you nave any exect this box a Fill in all of the arately each por, rent, vehicle	is needed, copy the a r name and case num utory contracts or un- and file this form with the information below ever erson or company wit	dditional page, fill the court with your on if the contracts or how more than the contracts or how more than the contracts or how more page that the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts or how more than the contracts of the contract of the contracts of the contract of the	ther schedules leases are list	ter, both are equally responsible for suer the entries, and attach it to this page is. You have nothing else to report on this feed on Schedule A/B: Property (Official For or lease. Then state what each contract the instruction booklet for more examples	orm. To 106A/B). To lease is for (for
2.1	Person o	or company w	ith whom you have th	e contract or lease	e	State what the contract or lease is	for
] !	Name						
7	Number	Street					
i i	· · · · · · · · · · · · · · · · · · ·	0,,000					
Битт у -	City		State ZIP Co	ode			
2.2							
	Name						
	Number	Street					
			01.1	,			
2.3	City	namente de la contraction de l	State ZIP Co			Parametra con esta la Managament de Sala Milliaga de la califación de la compresención del sella comprese de s	era ili Barrio e e e e a dall'illocazione da a dall'alla e e e e e e e e e e e e e e e e e e
9	Name					•	
	Number	Street					
	City		State ZIP Co	ode			
2.4		and control of the state of the					
r	Name						
	Number	Street					
	***************************************	Oliagi					
-	City	was an area areas areas area.	State ZIP Co	ode			
2.5				<u>.</u>			
	Name						
i	Number	Street					
	Ch		Class 710 C				
1	City		State ZIP Co	ud			

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Case number (if known) 19-54879-Irc **Dennis** John Debtor 1 First Name Additional Page if You Have More Contracts or Leases What the contract or lease is for Person or company with whom you have the contract or lease 2.2 Name Stre Number City ZIP Code Name Number Street City ZIP Code State 2._ Name Number Street City State ZIP Code 2.__ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code Name Street Number ZIP Code City State 2. Name Number Street ZIP Code City State

Fill in	this ir	nformation	to identify	your case	e:						
Debtor	1	John		-		Den	nis		7		
		First Name		Middle Na	ame	Last	Name				
Debtor (Spouse) First Name		Middle N	ame	Last	Name				
United	States	Bankruptcy C	ourt for the	Northern E	District of Geo	rgia			ļ		
Case n	number	19-54	879-lrc								
(if know	vn)	 							J	☐ Check if amende	
										amende	a ming
Offic	ial I	Form 1	<u>06H</u>								
Sch	ed	ule H:	You	r Cod	ebtors	<u> </u>					12/15
are filin	ig toge mber t	ether, both	are equal in the box	ly respons ces on the	ible for supp left. Attach t	olying co	orrect in	formation.	. If n	es complete and accurate as possible. If two marr nore space is needed, copy the Additional Page, t ge. On the top of any Additional Pages, write your	ill it out,
1. Do	you h	nave any co	debtors?	(If you are	filing a joint c	ase, do	not list e	ither spous	se as	s a codebtor.)	
,	No										
į.	Yes										
										? (Community property states and territories include nington, and Wisconsin.)	
1		Go to line 3.	aano, L ou	olario, rior	aaa, , , o , , , , , , , , , , , , , , ,	,,,,,,,		-,,		g ,	
(ouse, form	ier spouse,	or legal equi	valent liv	e with y	ou at the tin	me?		
		10									
	□ Y	es. In which	n commun	ity state or	territory did y	ou live?		·		Fill in the name and current address of that person.	
-											
-	ī	Name of your s	ouse, former	spouse, or leg	al equivalent						
					_						
	Ĩ	Number	Street								
	i	City			State			ZIP Code			
a In		•	of vour c	odebtore	Do not inclu	de vour	SOUISE	as a codel	btor	r if your spouse is filing with you. List the person	
sh So	own i chedui	n line 2 aga	ain as a co al Form 10	odebtor on 16D), Schei	ly if that pers dule E/F (Off	son is a	guarant	tor or cosiç	igne	r. Make sure you have listed the creditor on the G (Official Form 106G). Use Schedule D,	
C	Column	1: Your co	debtor							Column 2: The creditor to whom you owe t	he debt
										Check all schedules that apply:	
3.1							- <u></u>	- · · · · · · · · · · · · · · · · · · ·		Schedule D, line	
	Name									Schedule E/F, line	
	Number	Street	<u></u> .							Schedule G, line	
	City				State			ZIP Code			
3.2	<u> </u>	Deligner of the Control of the Contr		and at the second section and desired	CONTRACTOR OF SECURITION AND ASSESSMENT OF THE PARTY OF T	_a_a_aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	the course of the course of the state of the	NOT THE RESIDENCE OF THE PARTY OF	407440799477		
	Name									Schedule D, line	
i page										Schedule E/F, line	
	Number	Street								☐ Schedule G, line	
	Clty				State			ZIP Code			
3.3										Schedule D, line	
	Name	***								Schedule E/F, line	
	Number	Street								Schedule G, line	

Debtor 1

John First Name

e Name Last Name

Dennis

Case number (if known) 19-54879-Irc

	A	Additional Page to List	More Codebtors	· · · · · · · · · · · · · · · · · · ·	. ,
	Column 1	1: Your codebtor			Column 2: The creditor to whom you owe the debt
2					Check all schedules that apply:
3	-		<u> </u>	<u></u>	Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street	M - W - W	/	Schedule G, line
	MANINAI	S.1.001		/	
	City		State	ZIP Code	
3		7	V		D Oshodala D Para
\Box	Name				Schedule D, line
1					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
	Sity		Olub		
3	Name	 			Schedule D, line
					☐ Schedule E/F, line
1	Number	Street			Schedule G, line
					_
<u></u>	City		State	ZIP Code	
3					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	Number	Oneer			·
	City	ra na aka sa	State	ZIP Code	
3					Cohodulo D. Has
	Name				Schedule D, line
					Schedule E/F, line
1	Number	Street			Goriedate O, tine
Î	City		State	ZIP Code	_
3	- 	g mangapagang ay ang pengerangang ang pangang ang pangang ang pangang ang pangang ang pangang ang ang ang ang	eganisari paparana di matete eta mini mani pada eta distributura eta senere la mateta di menembara esta di	art allements a comment memory arms in a substitution of memory as the section of	
卩	Name	· · · · · · · · · · · · · · · · · · ·			Schedule D, line
					☐ Schedule E/F, line
	Number	Street			Schedule G, line
				 	_
	City		State	ZIP Code	
3					Schedule D, line
Control of the contro	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
6	City		State	ZiP Code	
3					Schedule D, line
	Name				Schedule E/F, line
op descriptions of	N	Observed			Schedule G, line
1	Number	Street			
1	City	<u> </u>	State	ZIP Code	

Fill in this	information to identify	your case:	,			
Debtor 1	John First Name	Dennis Middle Name Lest Name	Check if th	nis is:		
Debtor 2 (Spouse, if filli		Middle Name Last Name	An ame	ended fi	ling	
' '		Northern District of Georgia	☐ A supp	lement :	showing postp	etition chapter 13
ĺ	40 E4070 Inc	Northern District of Georgia	expens		f the following	date:
Case number (If known)	er 19-04079-110		(MM / DI	D/ YYYY		
Official	Form 106J					
Sche	dule J: Yo	ur Expenses				12/15
information		ossible. If two married people are fili ed, attach another sheet to this form				
Part 1:	Describe Your Hou	sehold				
1. Is this a j	oint case?					
	Go to line 2. Does Debtor 2 live in a s	separate household?				
(□ No	•				
[Yes. Debtor 2 must file	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		 	
Do not lis	ave dependents? t Debtor 1 and	✓ No✓ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2		Dependent's age	Does dependent live with you?
	ate the dependents'	each dependent				□ No □ Yes
names.						□ No
						☐ Yes
						□ No
						☐ Yes ☐ No
						U No □ Yes
				*		□ No
						Yes
expense	expenses include s of people other than and your dependents?	☑ No ☐ Yes				
		Mandala European	,			
		ing Monthly Expenses bankruptcy filing date unless you a	re using this form on a supple	mont in	o Chantor 12 c	nace to report
_	s of a date after the bar	nkruptcy is filed. If this is a supplement				
• •		n-cash government assistance if you	ı know the value of			
		d it on Schedule I: Your Income (Offi	·		Your expe	nses
	tal or home ownership earlier the ground or lot.	expenses for your residence. Include	first mortgage payments and	4.	\$	2,880.00
	cluded in line 4:				•	
	al estate taxes			4a. 	\$	
,	operty, homeowner's, or r			4b.	\$	· · · · · · · · · · · · · · · · · · ·
	me maintenance, repair,			4c.	Ф <u></u>	250.00

Debtor 1 John Dennis Case number (if known) 19-54879-Irc

			Your ext	oenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	325.00
	6b. Water, sewer, garbage collection	6b.	\$	50.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	
	6d. Other. Specify:	6d.		
7.	Food and housekeeping supplies	7.	\$	500.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	30.00
10.	Personal care products and services	10.	\$	35.00
11.	Medical and dental expenses	11.	\$	43.00
12.	Transportation. Include gas, maintenance, bus or train fare.			70.00
	Do not include car payments.	12.	\$	
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	25.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	48.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	167.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	585.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

Debtor 1	John First Name N	Alddle Name Last N	Dennis		Case number (# known)1	9-54879-I	rc
21. Oth	er. Specify:				21.	+\$	
22. Cal c	culate your monthly	expenses.					
22a.	Add lines 4 through	21.			22 a.	\$	5,008.00
22b.	Copy line 22 (month	nly expenses for Debto	r 2), if any, from Official For	m 106J-2	22b.	\$	0.00
22c.	Add line 22a and 22	b. The result is your m	onthly expenses.		22c.	\$	5,008.00
						I	
23. Calcu	ulate your monthly :	net income.				•	5,100.00
23a.	Copy line 12 (your	combined monthly inco	me) from Schedule I.		23 a.	\$	3,100.00
23b.	Copy your monthly	expenses from line 22	c above.		23 b.	- \$	5,008.00
23c.	Subtract your montl The result is your m	hly expenses from you nonthly net income.	r monthly income.		23c.	\$	92.00
24. Do y	ou expect an increa	ase or decrease in yo	ur expenses within the ye	ar after you fi	le this form?		
			our car loan within the year		=		
ınorı		ease of decrease beca	ause of a modification to the	e terms or your	mortgage r		
U N ☑ Y	o. es. Explain here:	I pain to find add	itional employeement	to satisfied	debts.		
	Explain Holo.	•					:
	A property of the second secon						
	!						

Fill in this information to identify your case:							
Debtor 1 First Name	Middle Name	Cast Name					
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name					
United States Bankruptcy Co	urt for the: Man District	of Carry to					
Case number (If known)	C4879-I	Re-					

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ 440,0000C
1a. Copy line 55, 1 otal real estate, from Schedule AVB	\$ 440,000.00 \$ 8500 00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 8500 CE
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	44/50000
	\$ 776/28/00/
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 441.000 c2
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 167.000°
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$
Your total liabilities	: <u>261300,42</u>
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$ 5008.00
Copy your combined monthly income from line 12 of Schedule I	\$ 2100
5. Schedule J: Your Expenses (Official Form 106J)	5008 0
Copy your monthly expenses from line 22c of Schedule J	\$

Debtor 1

First Name	Middle Name	act Name	
O C	1 20	Bennes	

Case number (if known)

Pa	art 4: Answer These Questions for Administrative and Statistical Records	i
6.	Are you filling for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form.	form to the court with your other schedules.
7.	What kind of debt do you have?	
	Your debts are primarily consumer debts. Consumer debts are those "incurred by ar family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose.	n individual primarily for a personal, oses. 28 U.S.C. § 159.
4	Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules.	rt of the form. Check this box and submit
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	s 3/CV.
74 May 1	我们 就是我就是我们,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我们就是我们的人,我	era Caravida (IVA Silipum La) (II de mayes, galga suprano emitimiza que par en em Provença meia de Procescianión (440) femperar como (457) fenomena e de la caravida del la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la caravida de la
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	
	From Part 4 on Schedule E/F, copy the following:	Total claim
	9a. Domestic support obligations (Copy line 6a.)	s (C)
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 10,000 and
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	s
	9d. Student loans. (Copy line 6f.)	s
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	s
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$
	9g. Total. Add lines 9a through 9f.	s 175,000,00

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Fill in this information to identify your case:	
Debtor 1 First Marine Last Name Last Name	
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Last Name Last Name Last Name	
Case number (If known)	☐ Check if this i

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT a	n attorney to help you fill out bankruptcy forms?
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have read t	the summary and schedules filed with this declaration and
that they are true and correct.	*
Signature of Debior 1	Signature of Debtor 2
Date Son Sol 9	Date